

# Rancho Cielo Youth Campus

2019 / 2020 School Year



RANCHO CIELO  
*Building Skills. Transforming Lives.*

# Intake Application

You must fill out this application completely and legibly in order to be considered for our program. If you have any questions please call (831) 444-3533.

## PART A: PERSONAL INFORMATION

First Name:		Last Name:	
Street Address:			
City:		State:	Zip:
Home phone:	Cell Phone:	Email:	
Emergency Contact:		Emergency Number:	
Date of Birth:	Age:	Sex:	Male    Female    Other
How did you hear about our program? (check all that apply) <input type="checkbox"/> Flyer <input type="checkbox"/> Radio <input type="checkbox"/> Probation <input type="checkbox"/> Friend <input type="checkbox"/> Other:			
Please indicate which program you are most interested in by marking your first and second choices.  ____ Drummond Culinary Academy ____ Construction Academy ____ Careers in Agriculture: Value Added			
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> African/American <input type="checkbox"/> Native American    Other: _____			
Is English the main language spoken in your household? Yes    No    (Specify which one is): _____ If no, how often does communicating in English cause problems for you at work or at school? Sometimes    Seldom    Never			
Marital Status: Never Married    Married    Divorced    Separated    Widowed			
Number in Family (including yourself): _____ Do you live with a parent or guardian?    Yes    No Where Do You Live? House or Apartment (not public housing)    Public Housing Homeless Shelter    Group Home Halfway House    Work Release Program Homeless    Other:			
Do you have children?    Yes    No If yes, how many? Do you have childcare?    Yes    No	Child's Name: _____ _____ _____	DOB: _____ _____ _____	Do they live with you? Yes    No
Do you have transportation?    Bus    Car    Other	Will you need transportation?    Yes    No		
Do you have a Driver's License?    Yes    No License #: _____	Class: _____	Exp. _____	/ _____
Are you or your family: (Check all that apply) ___ Currently receiving food stamps    Last date received: _____ ___ Currently receiving TANF or Cash Aid    Last date received: _____ ___ Currently receiving SSI (Supplemental Security Income)    Last date received: _____ ___ Currently have Medi-Cal or other health care services    Health Care Provider: _____ ___ Currently receiving SDI (State Disability)    Last date received: _____ ___ Currently receiving Child Support ___ Other Benefits			

Must show family tax returns for current year (copy) if needed.		
<b>PART B: EDUCATIONAL INFORMATION</b>		
Are you currently attending school?	Yes	No
Are you a high school graduate?	Yes	No
Have you obtained your GED?	Yes	No
Do you have an IEP?	Yes	No
<b>Year you last attended school:</b>	<b>Highest grade completed:</b>	
<b>Name and address of last school attended:</b>		
Have you ever been in another training program? Yes      No		
<i>If yes, please give name and location of program:</i> _____		
<i>Dates you attended:</i> _____ <i>Did you complete the program?</i> Yes      No		
<b>PART C: LEGAL BACKGROUND (answering yes will not necessarily disqualify you)</b>		
Have you ever been arrested? Yes      No		
Have you ever been convicted of a crime? Yes      No		
If yes, state if it was a misdemeanor or a felony, describe and include dates and status of all cases:		
Are you on probation? Yes      No		
<i>Name and phone number of Officer:</i> _____		
Are you on parole? Yes      No		
<i>Name and phone number of Officer:</i> _____		
<b>PART D: HEALTH INFORMATION</b>		
Our vocational training programs may include carrying heavy objects and other physical demands. Are you able to carry heavy objects or do physical labor? Yes      No		
Do you have any health, physical or medical problems? Yes <input type="checkbox"/> No		
<i>If yes, please describe:</i> _____		
Are you supposed to wear eyeglasses? Yes      No		
Do you have asthma?	Yes	No
Diabetes?	Yes	No
Do you smoke?	Yes	No
Are you pregnant?	Yes	No
Are you currently in a program, or need counseling, for an addiction such as cigarettes, alcohol or drugs?		
Yes      No		

***In signing this application, I certify that all statements made in this application are true and correct. I agree and understand that any misinformation or omission of information can result in termination from my enrollment into the Rancho Cielo Program.***

\_\_\_\_\_

**Signature** **Date**

Please submit your application to: Rancho Cielo Youth Campus  
Mailing Address: P.O. Box 6948, Salinas CA 93908  
Physical Address: 710 Old Stage Rd, Salinas CA 93908  
Phone: (831) 444-3533 • Fax: (831) 444-3550 • Email: recruitment@ranchocieloyc.org